

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/02/2010
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a follow-up State Licensure survey conducted in your facility on 12/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by:	Y 026		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1 Based on record review on 12/2/10, the facility was caring for 1 of 7 persons with chronic illnesses without an endorsement and failed to obtain the necessary training to care for such persons. This was a repeat deficiency from the 1/27/10 State Licensure survey. Severity: 2 Scope: 1	Y 026			
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 12/2/10, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 - failed to have evidence of a pre-employment physical and two-step TB test). This was a repeat deficiency from the 4/23/10, 1/27/10, and 8/27/09 State Licensure surveys. Severity: 2 Scope: 2	Y 103			

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Y 105 Y 105 SS=F	Continued From page 2 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 12/2/10, the facility failed to ensure 3 of 4 employees met background check requirements of NRS 449.176 to 449.188 (Employee #2 - failed to have evidence of a state and FBI background check, #3 - failed to have evidence of a signed criminal history statement and fingerprints and #4 - failed to have evidence of an FBI check). This was a repeat deficiency from the 1/27/10 and 8/27/09 State Licensure surveys. Severity: 2 Scope: 3	Y 105 Y 105			
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by:	Y 178			

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Y 178	Continued From page 3 Based on observation on 12/2/10, the facility failed to ensure the premises was clean and well maintained. (Screens were missing from the windows in Room #4 and #5, the bedroom window was cracked in Room #5). Severity: 2 Scope: 1	Y 178			
Y 321 SS=D	449.220(2)(a)(b) Bedroom Doors - Single Motion Locks NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times. This Regulation is not met as evidenced by: Based on observation on 12/2/10, the facility failed to ensure the locks on 1 bedroom doors could be opened with a single motion (Room #4). Severity: 2 Scope: 1	Y 321			

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Y 356	Continued From page 4	Y 356			
Y 356 SS=E	<p>449.222(6) Bathrooms and Toilet Facilities</p> <p>NAC 449.222</p> <p>6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 12/2/10, the facility did not ensure the locks on 1 of 3 bathroom doors could be opened with a single motion (Room #11).</p> <p>This is a repeat deficiency from the 1/27/10 State Licensure Survey.</p> <p>Severity: 2 Scope: 2</p>	Y 356			
Y 434 SS=D	<p>449.229(3) Emergency Drills</p> <p>NAC 449.229</p> <p>3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/2/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 1 of 12 months (November of 2010).</p> <p>This was a repeat deficiency from the 1/27/10</p>	Y 434			

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Y 434	Continued From page 5 State Licensure survey. Severity: 2 Scope: 1	Y 434			
Y 435 SS=E	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 12/2/10, the facility failed to ensure that 1 of 2 facility fire extinguishers was charged. Severity: 2 Scope: 2	Y 435			
Y 530 SS=C	449.260(1)(e) Activities for Residents NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by: Based on interview on 12/2/10, the facility failed to provide at least 10 hours of scheduled activities for 7 of 7 residents. Severity: 2 Scope: 3	Y 530			

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Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/2/10, the facility failed to ensure that 1 of 7 residents received an initial physical prior to admission (Resident #3).</p> <p>Severity: 2 Scope: 1</p>	Y 859			
Y 878 SS=H	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p>	Y 878			

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Y 878	<p>Continued From page 7</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/2/10, the facility failed to ensure that 3 of 7 residents received medications as prescribed (Resident #2, #3 and #6).</p> <p>Findings include:</p> <p>Resident #2 was prescribed Seroquel 300 milligrams (mg) 1/3 tab by mouth at 1:00 PM and 1 tablet at night (for psychosis). The pill bottle did not contain any cut tablets. Employee #2 was asked to demonstrate how he cuts the pill into thirds. Employee #2 cut the pill in half. Employee #2 stated he does not normally cut the pill because Employee #4 cuts the pill. Employee #4 was asked to demonstrate how she administered the afternoon portion of the medication. Employee #4 cut the pill into two with one section comprising approximately 2/3 of the pill and one section approximately 1/3. Employee #4 stated she administered the larger section of the pill.</p> <p>Resident #3 was prescribed Oxycodone 10 mg/325 mg one tablet by mouth every 6 hours as needed for pain. The medication bottle on site documented a fill date of 11/15/10, with 120 tablets. The November 2010 medication administration record (MAR) documented the medication was given to Resident #3 routinely at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM, which was every four hours, not every six hours as prescribed. A medication delivery log was signed the medication was delivered with 120 tablets. The medication bottle had one tablet left. Employee #4 stated the resident asks for the</p>	Y 878			

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Y 878	Continued From page 8 medication more frequently than every six hours and also wakes the caregivers up at night for the medication. Employee #4 stated they do not document the overnight doses of Oxycodone administered. Resident #3 complained of pain several times during the survey. Resident #3 stated she was in pain and the facility failed to give her medications during the night hours. Employee #4 was unable to account for the difference in the 68 documented doses given, and the 119 doses gone from the bottle. The medication bottle onsite documented Risperidone 2 mg twice a day (for Schizophrenia). The November and December 2010 MAR documented Risperidone 2 mg one tablet every day at 8:00 AM. The facility failed to have an order from the doctor onsite documenting how the medication should be administered. Employee #2 and #4 stated the resident is given one tablet of Risperidone per day. Resident #6 was prescribed Sertraline 50 mg one tablet every day at 8:00 AM (for depression). The facility failed to have the medication onsite during the survey. Employee #2 stated Resident #6 missed the 12/2/10 dose of the medication. Severity: 3 Scope: 2	Y 878			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against	Y 936			

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Y 936	<p>Continued From page 9</p> <p>unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/2/10, the facility failed to ensure 4 of 7 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 and #4 failed to have evidence of a two-step TB test in the file, #3 - failed to have evidence of a positive TB test and #6 - the TB test in the file failed to have read dates).</p> <p>This was a repeat deficiency from the 1/27/10 and 8/27/09 State Licensure surveys.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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